

OFFICE USE ONLY		TEXAS RACING COMMISSION 8505 CROSS PARK DRIVE STE 110 AUSTIN TEXAS 78754-4594 PHONE (512) 833-6699 FAX (512) 833-6907 www.txrc.state.tx.us	LICENSE #
FEE			
CK NO.			
CLERK			
EMR DATE			
RETURN BY			

KENNEL NAME REGISTRATION

Provide the following information for each individual who owns an interest in this kennel, including those holding an interest of less than 5%, as well as each officer, director, etc. Attach an additional sheet if necessary. Any changes of ownership must be reported to the Texas Racing Commission immediately.

CHECK ONE BOX BELOW				
NEW	RENEWAL	UPDATE ONLY		
NAME OF KENNEL AS IT APPEARS ON KENNEL BOOKING WITH RACETRACK				
MAILING ADDRESS (STREET ADDRESS/P.O. BOX)	CITY	STATE	ZIP	FEDERAL ID NO. OR SS# OF MANAGING OWNER
OWNER NAME			TXRC LIC. #	% OWNED
OWNER NAME			TXRC LIC. #	% OWNED
OWNER NAME			TXRC LIC. #	% OWNED
OWNER NAME			TXRC LIC. #	% OWNED
OWNER NAME			TXRC LIC. #	% OWNED
OWNER NAME			TXRC LIC. #	% OWNED

IF PAYING WITH VISA OR MASTER CARD COMPLETE THE FOLLOWING INFORMATION:
 CHECK ONE BOX BELOW. PROVIDE THE CARD NUMBER AND EXPIRATION DATE.

VISA # _____ EXP DATE _____
 MASTER CARD # _____ EXP DATE _____

CARD HOLDER'S NAME: _____ **BILLING ADDRESS:** _____
SIGNATURE OF CARD HOLDER: *X* _____

By signing above I agree to pay the licensing fee to the Texas Racing Commission according to cardholder agreement.

As the designated representative/managing owner for the above-named owners, I am fully aware that this application is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

You are entitled to request to be informed about the information that the Commission collects about you, receive and review the information and, to have the Commission correct any information about you that is incorrect.

DESIGNATED REPRESENTATIVE'S SIGNATURE	DATE
<i>X</i>	
TXRC WITNESS	DATE